

IN THE UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MISSOURI  
EASTERN DIVISION

JAMIE LEONARD, )  
                    )  
Plaintiff,        )  
                    ) Cause No. 4:19-CV-00927-RLW  
vs.                )  
                    )  
ST. CHARLES COUNTY, ET AL., )  
                    )  
Defendants.       )

1 COPY

VIDEOTAPED DEPOSITION OF DEBBIE ECHELE  
TAKEN BY GARY K. BURGER, JR., ESQ.  
ON BEHALF OF THE PLAINTIFF  
FEBRUARY 6, 2020

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REPORTED BY KAREN M. RUSSO  
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<p>1      get it?</p> <p>2      A. No.</p> <p>3      Q. And you guys knew he was acting psychotically,</p> <p>4      right?</p> <p>5      A. Yes.</p> <p>6      Q. I mean -- okay. You've seen the notes where</p> <p>7      there was --</p> <p>8      A. Yes.</p> <p>9      Q. -- evidence of very strange behavior,</p> <p>10     statements, nude, trying to get in people's bunks saying</p> <p>11     that he wanted to -- I have to get my soul out because it</p> <p>12     is time for me to die?</p> <p>13     A. Yes. So you asked if there was any improvement</p> <p>14     since that. That's one of the things that we've</p> <p>15     improved --</p> <p>16     Q. So now had that -- I interrupted you.</p> <p>17     A. So getting an order for that ahead of time if</p> <p>18     we feel that there's going to be a situation, we can get</p> <p>19     the order from the psychiatrist sooner and be able to use</p> <p>20     that.</p> <p>21     Q. Can you get the order from the on staff doctor</p> <p>22     too?</p> <p>23     A. No.</p> <p>24     Q. He wouldn't give you an order for Haldol for</p> <p>25     someone like Leonard?</p>	<p>1      Q. Who is this person?</p> <p>2      A. Dr. Battula.</p> <p>3      Q. B or P?</p> <p>4      A. B-A-T-T-U-L-A.</p> <p>5      Q. Mr. Leonard was at your facility for a couple</p> <p>6      days before this?</p> <p>7      A. He got there on the 20th, yes.</p> <p>8      Q. So possible he would have seen -- if you had</p> <p>9      the psychiatrist now possible he would have seen him in</p> <p>10     that time?</p> <p>11     A. No, because he came in on a Thursday and the</p> <p>12     psychiatrist isn't there until Monday. I mean their</p> <p>13     appointment would be Monday. He's only there twice a</p> <p>14     week.</p> <p>15     Q. So -- all right, thank you. Any other lessons</p> <p>16     learned?</p> <p>17     A. Well, can I speak with my attorney first?</p> <p>18     Q. Let's do it this way. If we could maybe say</p> <p>19     not that I can think of now, and then I'm going to</p> <p>20     continue to ask more questions. And then if you think of</p> <p>21     any later I'll give you that opportunity.</p> <p>22     A. Okay.</p> <p>23     Q. Is that fair?</p> <p>24     A. Yes.</p> <p>25     MR. HEFFNER: Would it be possible just to</p>
<p style="text-align: center;">Page 75</p> <p>1      A. No, typically we don't the on call medical</p> <p>2      doctor for anything psychiatric. We have a contracted</p> <p>3      psychiatrist for that.</p> <p>4      Q. When you say psychiatrist you don't mean</p> <p>5      someone's personal psychiatrist. You have another</p> <p>6      psychiatrist on call that you can call to get orders for</p> <p>7      meds?</p> <p>8      A. Yes.</p> <p>9      Q. So if -- I'll show you this so you're not in a</p> <p>10     vacuum here. Number 9, Exhibit 9, the top, that's the</p> <p>11     statement I was just referencing. Your nurse went and</p> <p>12     saw him that night at 1:30 in the morning before this</p> <p>13     happened. If now -- are you saying that now if something</p> <p>14     like that would happen you guys would contact the</p> <p>15     psychiatrist to get an order on board in case a calming</p> <p>16     or antipsychotic medication was needed for a patient?</p> <p>17     A. Yes and no. So the psychiatrist is not -- we</p> <p>18     don't hire him to be on call. He's hired to be on site 8</p> <p>19     to 12 hours a week. However, if the nurses call the</p> <p>20     medical supervisor and we discuss the situation, we can</p> <p>21     help determine if it's a reason that we need to call him</p> <p>22     because we typically --</p> <p>23     Q. He's not on call, but you have access to him?</p> <p>24     A. Correct, we don't pay him to be on call 24/7.</p> <p>25     Our contract is for on site.</p>	<p style="text-align: center;">Page 77</p> <p>1      take a little recess to use the restroom? I don't have</p> <p>2      to talk with her.</p> <p>3      MR. BURGER: Yes, that is possible. We'll</p> <p>4      go off the record.</p> <p>5      MR. HEFFNER: Okay, thank you.</p> <p>6      Q. (By Mr. Burger) So I have another question for</p> <p>7      you, totally brand new. Any other lessons you learned</p> <p>8      from this incident?</p> <p>9      A. No.</p> <p>10     Q. So I've marked a number of policies through</p> <p>11     Exhibit 20. Are there any other policies, written</p> <p>12     policies, related to provision of medical care to</p> <p>13     inmates, communicating about medical care or medical</p> <p>14     conditions, other than the ones I've marked and showed</p> <p>15     you?</p> <p>16     A. No, I don't believe so.</p> <p>17     Q. Are there -- couple follow-up questions. You</p> <p>18     said there was another policy about providing medical</p> <p>19     care to inmates at one point in your testimony today. Do</p> <p>20     you remember that?</p> <p>21     A. Not policy, but practice.</p> <p>22     Q. And then so my question is, is there a written</p> <p>23     policy about providing medical care to inmates while</p> <p>24     they're there and did I show it to you already?</p> <p>25     A. Specifically about -- I don't think so. I mean</p>

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<p>1       Q. She saw him at 1:37. Then she saw him after 2       the OC spray and before he injured his eye, correct? 3       A. Yes. 4       Q. Did she make any mental status inquiry with 5       him? 6       A. He's already scheduled to see the mental health 7       counselor on the 22nd. 8       Q. Can you answer my question? 9       A. What do you mean? That is the -- so she looks 10      to see if he has an appointment and he has an 11      appointment. 12      Q. Would you agree with me that when she saw him 13      at 1:37 she quoted his statements about his suicidality 14      and self harm and she asked him what changed in his 15      mental status and he advised her and she quoted those in 16      the notes? 17      A. Uh-huh. 18      Q. Is that a yes? 19      A. Yes. 20      Q. And in -- it doesn't seem like there's any 21      inquiry with him about what he's feeling or whether he 22      wants to hurt himself at 6:45 in that note. Is that 23      fair? 24      A. Yes. 25      Q. And you have it in front of you as well, sorry.</p>	<p>1       Q. And you sent an e-mail making sure everybody 2       was okay and directing people to EAP? 3       A. Yes. 4       Q. Did you ever reach out to the inmate? 5       A. No. 6       Q. Did you ever reach out to his mom? 7       A. No. I'm not allowed. 8       Q. To what? 9       A. To reach out to an inmate or their mother. 10      Q. To see how they are after they're injured? 11      A. Correct. 12      Q. Why not? 13      A. It's against policy. 14      Q. Where is that written? 15      A. We are not allowed to contact inmates or their 16      family once they're not in custody. 17      Q. Okay. Where is that written down? 18      A. That's a practice in corrections that's part of 19      correctional -- it's just correctional practices. I'm 20      not sure if it's written in a policy, but we all know 21      we're not allowed to speak -- we can't have contact with 22      inmates. That's in policy No. 5. 23      Q. Okay. I'm just asking. I don't know. 24      A. Yeah, we are not allowed to initiate the 25      calls.</p>
<p style="text-align: center;">Page 111</p> <p>1       A. Yeah, so he's under observation by the 2       officers, not observation by the nurses. 3       Q. How do you know whether he was under 4       observation by the officers? 5       A. Because he's in the suicide prevention unit 6       where he's on close observation. That means that he's 7       being checked on less than every 15 minutes, his well- 8       being. 9       Q. So did you talk to her about Ms. Martin about 10      how or why -- did you talk to Ms. Martin about this 11      event? 12      A. When I got back from vacation, yes. 13      Q. What was your -- tell me about that 14      conversation. 15      A. I honestly don't remember everything, but I 16      know -- 17      Q. Tell me anything. 18      A. Okay. So I first of all I wanted to make sure 19      after her seeing this and it was -- 20      Q. She was okay? 21      A. Right. 22      Q. That's your focus, right, when you talk to 23      Fisher, Scott, and Martin, are you okay? 24      A. Yes, because when I got back from vacation the 25      inmate is not in our custody right now.</p>	<p style="text-align: center;">Page 113</p> <p>1       Q. Tell me about your conversation with Ms. 2       Martin. You asked her if she was okay and she needed EAP 3       counseling. What else did you ask her about? 4       A. I believe that I just -- I kind of reinforced 5       that she did a good job and then tried to put some, you 6       know, gauze over the eye and things like that and just 7       more about -- you know, it's hard. You can't really 8       prepare for something like what she had to deal with, so 9       I mostly let her kind of talk about the incident. 10      Q. What did she say? 11      A. Well, she was pretty shook up over what she 12      saw, but she also felt that she responded appropriately 13      and she provided first aid, made sure EMS was called. 14      So, I mean, she did a good job. 15      Q. Did you ever ask her why she didn't pick up on 16      the impending eye injury when she saw him at 6:45? 17      A. That goes back to documentation and verifying 18      if that's a current condition or if that's something that 19      was in the past. And she did say, you know, she can look 20      at the chart and see that he was already seen by our 21      physician and seen for a fit for confinement. So the 22      Reiter's syndrome wasn't verified as a current condition 23      based on the information that we have, and we were 24      awaiting records for Dr. Linda Hunt, but those records -- 25      I mean he left before we got anything.</p>